

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		1				
19		2				
20		1				
21		1				
22		1				
23		2				
24	1					
25		1				
26		2				
27		2				
28		1				
29		2				
30		2				
31		1				
32		1				
33		1				
34		1				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		1				
42		2				
43		2				
44	1					
45		1				
46		2				
47		2				
48		1				
49		2				
50		2				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

	IND		DEP		IND		DEP		IND		DEP	
51			1									
52			1									
53			1									
54			1									
55			2									
56			2									
57			2									
58			2									
59			2									
60			2									
61			2									
62			1									
63			2									
64			2									
65	1											
66			2									
67			①									
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL IND.	4		←		←		←		←		←	
TOTAL DEP.	101		←		←		←		←		←	
TOTAL CLAIMS	105		←		←		←		←		←	

24
18